

NOV 14 2012

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NPDES Permit Tracking No.:

MAR05CX26



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, DC 20460

## Annual Reporting Form

### A. GENERAL INFORMATION

1. Facility Name: Wheelabrator Saugus Inc

2. NPDES Permit Tracking No.: MAR05CX26

3. Facility Physical Address:

a. Street: 100 Salem Turnpike

b. City: Saugus

c. State: MA d. Zip Code: 01906

4. Lead Inspectors Name: Matt Hughes

Title: Env Mgr

Additional Inspectors Name(s):

5. Contact Person: Matt Hughes

Title:

Phone: 781 - 233 - 7600 Ext. 4418 E-mail: mhughes@wm.com

6. Inspection Date: 09 / 25 / 2012

### B. GENERAL INSPECTION FINDINGS

1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to stormwater?

☒ YES ☐ NO

If NO, describe why not:

**NOTE:** Complete Section C of this form for each industrial activity area inspected and included in your SWPPP or as newly identified in B.2 or B.3 below where pollutants may be exposed to stormwater.

2. Did this inspection identify any stormwater or non-stormwater outfalls not previously identified in your SWPPP? ☐ YES ☒ NO

If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:

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3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP? ☐ YES ☒ NO

If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots? ☒ YES ☐ NO ☐ NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

Sampling Location 1 (Outfall 001 and 001A): Review of the past 4 quarters of iron monitoring indicates that concentrations exceed the benchmark concentration of 1.0 mg/L. The stormwater swale is largely comprised of state regulated wetlands. As a result, samples from this outfall may also contain standing marsh water.

Sampling Location 2 (Outfall 002): Review of the past 4 quarters of iron monitoring indicates that concentrations exceed the benchmark concentration of 1.0 mg/L. The facility completed installation of a system to collect runoff from the Tipping Floor ramp that is then pumped to the facility wastewater tank for use in the facility. The system will pump water from the collection tank automatically if sufficient storage space is available in the facility wastewater tank. This system was put into service on 9/19/12 and as of this report the effectiveness of this system is being determined.

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measures to prevent scouring:

Evidence of pollutants entering the drainage system or discharging to surface waters was not observed during the annual inspection, nor during the routine monthly inspections. The swale leading to Outfall 001 is maintained with a grass surface that is regularly mowed. Outfall pipe areas do not appear to be affected by flow during storm events.

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

☒ YES ☐ NO

If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions?

22

**NOTE:** Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result of this comprehensive stormwater inspection.

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**C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS**

**Complete one block for each industrial activity area where pollutants may be exposed to stormwater. Copy this page for additional industrial activity areas.**

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with stormwater;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas.

INDUSTRIAL ACTIVITY AREA 01:

1. Brief Description:

Material Storage - (a) Storage of scrap metal and (b) storage of raw materials - (a) scrap metal that is generated through the combustion of Municipal Solid Waste is staged on a concrete pad that drains into the facility water reuse system. Retaining walls exist on 3 sides of this area and there is a berm at the entrance/exit of the pad to the adjacent paved surface. (b) Metal parts and equipment are staged outside in a secure area adjacent to the warehouse. Unpainted ferrous metal parts are shrink wrapped.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO

3. Have any control measures failed and require replacement? ☐ YES ☒ NO

4. Are any additional/revised control measures necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA 02:

1. Brief Description:

Municipal Waste Combustor ash handling. Within a fully enclosed ash building ash is loaded via conveyor to a dedicated truck that transports the ash to the adjacent landfill. A concrete pad is located outside the ash building where trucks are washed prior to departing to the landfill. This pad is equipped with drainage that returns water to the facility wastewater handling system for reuse. There is also a berm at the end of the pad that enhances the containment in this area. Recovered metal is also staged in this area.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO

3. Have any control measures failed and require replacement? ☐ YES ☒ NO

4. Are any additional/revised c necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

The facility improved the ash truck tailgate sealing and installed a truck washing system at the landfill to further enhance overall cleanliness of the ash truck.

INDUSTRIAL ACTIVITY AREA 03:

Brief Description:

Hazardous Material Storage. (a) Hazardous materials are all stored inside buildings or the enclosure walls with the exception of the lime slaker lime silo, 30,000 gallon and 500 gallon diesel fuel tanks. There is a containment area for the 30,000 gallon and 500 gallon fuel tanks, rainwater from that collects in this area is pumped to the facility wastewater collection system as needed after a rain event. Areas where offloading of hazardous materials are paved and supplied with spill response supplies as appropriate

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO

3. Have any control measures failed and require replacement? ☐ YES ☒ NO

4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

Doorway berms have been added as appropriate where additional containment protection was deemed necessary.

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NOTE: Copy this page and attach additional pages as necessary

INDUSTRIAL ACTIVITY AREA 04:

## 1. Brief Description:

Refuse dumping and site traffic. The facility receives nearly 200 MSW loads per day. Trucks dump onto the enclosed Tipping Floor, but trackout and trash swill can be released from the waste trucks while in line on the Tipping Floor ramp. The facility did complete installation of a system that collects water from the Tipping Floor ramp where a portion can be pumped to the facility wastewater collection system and not discharged as stormwater. There have been small hydraulic oil releases to pavement associated with this activity, but none had any direct impact on stormwater quality and were appropriately cleaned up at the time of the release.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO3. Have any control measures failed and require replacement? ☐ YES ☒ NO4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA 05:

## 1. Brief Description:

Vehicle and equipment parking and maintenance. Facility and contractor or visitor personnel park in several areas of the facility. These areas are evaluated on an ongoing basis for leaks or spills as a normal course of business. During monthly inspections these areas are also evaluated for stormwater impacts. Equipment parking is done in more limited areas of the facility. These are evaluated the same way as vehicle parking.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO3. Have any control measures failed and require replacement? ☐ YES ☒ NO4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA 06:

## 1. Brief Description:

Other hazardous materials delivery and storage tanks. The facility receives 55 gallon drum quantities of hazardous materials. These are generally delivered adjacent to the warehouse and moved inside the enclosed area near the turbine building. The facility also receives bulk quantities of hazardous materials (acid, caustic, alum, lime, urea, etc.) Receipt of bulk deliveries involves facility personnel to observe the activity in case there is a release or other issue. The facility also has oil containing transformers and lube oil tanks as well as process water tanks.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO3. Have any control measures failed and require replacement? ☐ YES ☒ NO4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

## CORRECTIVE ACTIONS TRACKING FORM

*Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.*

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 

0

1

 of 

2

2

 for this reporting period.

2. Is this corrective action:

☒ An update on a corrective action from a previous annual report; or  
☐ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

☐ Unauthorized release or discharge  
☐ Numeric effluent limitation exceedance  
☐ Control measures inadequate to meet applicable water quality standards  
☐ Control measures inadequate to meet non-numeric effluent limitations  
☐ Control measures not properly operated or maintained  
☐ Change in facility operations necessitated change in control measures  
☒ Average benchmark value exceedance  
☐ Other (describe): \_\_\_\_\_

4. Briefly describe the nature of the problem identified:  
 Benchmark exceedance at Sampling Location 1 (Outfall 001) for 1<sup>st</sup> quarter 2012 sampling.

5. Date problem identified: 

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2

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6. How problem was identified:

☐ Comprehensive site inspection  
☐ Quarterly visual assessment  
☐ Routine facility inspection

- ☒ Benchmark monitoring
- ☐ Notification by EPA or State or local authorities
- ☐ Other (describe): \_\_\_\_\_

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The facility has implemented a number of corrective actions in light of these elevated analytical results including, shrink-wrap sealing of metal materials, and operation of the facility's street vacuum/sweeper. Other than continuing with these efforts there are no new corrective actions to implement at this time.

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated: 03 / 29 / 2012

10. Date correction action completed: 03 / 29 / 2012 or expected to be completed: / /

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

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## CORRECTIVE ACTIONS TRACKING FORM

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Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1.

Corrective Action # 02 of 22 for this reporting period.

2. Is this corrective action:

- ☒ An update on a corrective action from a previous annual report; or  
☐ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge  
☐ Numeric effluent limitation exceedance  
☐ Control measures inadequate to meet applicable water quality standards  
☐ Control measures inadequate to meet non-numeric effluent limitations  
☐ Control measures not properly operated or maintained  
☐ Change in facility operations necessitated change in control measures  
☒ Average benchmark value exceedance  
☐ Other (describe): \_\_\_\_\_

4. Briefly describe the nature of the problem identified:

Benchmark exceedance at Sampling Location 1 (Outfall 001) for second quarter sampling

5. Date problem identified: 05 / 30 / 2012

6. How problem was identified:

- ☐ Comprehensive site inspection  
☐ Quarterly visual assessment  
☐ Routine facility inspection

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- ☒ Benchmark monitoring
- ☐ Notification by EPA or State or local authorities
- ☐ Other (describe): \_\_\_\_\_

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The facility has implemented a number of corrective actions in light of these elevated analytical results including, shrink-wrap sealing of metal materials, and operation of the facility's street vacuum/sweeper. Other than continuing with these efforts there are no new corrective actions to implement at this time.

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated: 05 / 30 / 2012

10. Date correction action completed: 05 / 30 / 2012 or expected to be completed: / /

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:



## CORRECTIVE ACTIONS TRACKING FORM

***Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.***

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1.

Corrective Action # 03 of 22 for this reporting period.

2. Is this corrective action:

- ☒ An update on a corrective action from a previous annual report; or  
☐ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge  
☐ Numeric effluent limitation exceedance  
☐ Control measures inadequate to meet applicable water quality standards  
☐ Control measures inadequate to meet non-numeric effluent limitations  
☐ Control measures not properly operated or maintained  
☐ Change in facility operations necessitated change in control measures  
☒ Average benchmark value exceedance  
☐ Other (describe): \_\_\_\_\_

4. Briefly describe the nature of the problem identified:

Benchmark exceedance at Sampling Location 2 (Outfall 002) for second quarter sampling

5. Date problem identified:

05 / 30 / 2012

6. How problem was identified:

- ☐ Comprehensive site inspection  
☐ Quarterly visual assessment  
☐ Routine facility inspection

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- ☒ Benchmark monitoring
- ☐ Notification by EPA or State or local authorities
- ☐ Other (describe): \_\_\_\_\_

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The facility received local approval to commence construction of the Runoff Collection System on April 4, 2012. A permit modification will be obtained from the MADEP prior to this project starting construction. This system will supplement the existing VortSentry® cleaners and collect a portion of runoff from the Tipping Floor entrance ramp and direct it for reuse in the facility. Pressure washing system at the landfill has been installed and is operational.

8. Did/will this corrective action require modification of your SWPPP? ☒ YES ☐ NO

9. Date corrective action initiated: 07 / 10 / 2010

10. Date correction action completed:     or expected to be completed: 12 / 31 / 2012

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

## CORRECTIVE ACTIONS TRACKING FORM

***Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.***

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1.

Corrective Action # 04 of 22 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or  
☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge  
☐ Numeric effluent limitation exceedance  
☐ Control measures inadequate to meet applicable water quality standards  
☐ Control measures inadequate to meet non-numeric effluent limitations  
☐ Control measures not properly operated or maintained  
☐ Change in facility operations necessitated change in control measures  
☐ Average benchmark value exceedance  
☒ Other (describe): Litter observed in truck turnaround area

4. Briefly describe the nature of the problem identified:

Monthly inspection identified the presence of litter in the truck turnaround area.

5. Date problem identified:

08 / 29 / 2012

6. How problem was identified:

- ☐ Comprehensive site inspection  
☐ Quarterly visual assessment  
☒ Routine facility inspection

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- ☐ Benchmark monitoring
- ☐ Notification by EPA or State or local authorities
- ☐ Other (describe): \_\_\_\_\_

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Litter removed, continue to monitor the area and determine if additional corrective actions or preventive measures are needed.

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated: 08 / 29 / 2012

10. Date correction action completed: 08 / 30 / 2012 or expected to be completed:               

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

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Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1.

Corrective Action # 05 of 22 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or  
☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge  
☐ Numeric effluent limitation exceedance  
☐ Control measures inadequate to meet applicable water quality standards  
☐ Control measures inadequate to meet non-numeric effluent limitations  
☐ Control measures not properly operated or maintained  
☐ Change in facility operations necessitated change in control measures  
☐ Average benchmark value exceedance  
☒ Other (describe): Litter observed in stormwater swale during monthly inspection

4. Briefly describe the nature of the problem identified:

Litter observed in Outfall 001A stormwater swale during monthly inspection

5. Date problem identified: 09 25 2012

6. How problem was identified:

- ☐ Comprehensive site inspection  
☐ Quarterly visual assessment  
☒ Routine facility inspection

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- ☐ Benchmark monitoring  
☐ Notification by EPA or State or local authorities  
☐ Other (describe): \_\_\_\_\_

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Remove litter, continue to observe the area to determine if additional corrective actions or preventive measures are needed.

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated: 09 / 25 / 2012

10. Date correction action completed: 09 / 28 / 2012 or expected to be completed:               

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

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## CORRECTIVE ACTIONS TRACKING FORM

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Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1.

Corrective Action # 06 of 22 for this reporting period.

2. Is this corrective action:

- ☒ An update on a corrective action from a previous annual report; or  
☐ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge  
☐ Numeric effluent limitation exceedance  
☐ Control measures inadequate to meet applicable water quality standards  
☐ Control measures inadequate to meet non-numeric effluent limitations  
☐ Control measures not properly operated or maintained  
☐ Change in facility operations necessitated change in control measures  
☒ Average benchmark value exceedance  
☐ Other (describe): \_\_\_\_\_

4. Briefly describe the nature of the problem identified:

Benchmark exceedance at Sampling Location 1 (Outfall 001)

5. Date problem identified:

10 / 12 / 2011

6. How problem was identified:

- ☐ Comprehensive site inspection  
☐ Quarterly visual assessment  
☐ Routine facility inspection

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- ☒ Benchmark monitoring
- ☐ Notification by EPA or State or local authorities
- ☐ Other (describe): \_\_\_\_\_

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The facility has implemented a number of corrective actions in light of these elevated analytical results including, shrink-wrap sealing of metal materials, and operation of the facility's street vacuum/sweeper. Other than continuing with these efforts there are no new corrective actions to implement at this time.

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated: //

10. Date correction action completed: // or expected to be completed: //

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:



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## CORRECTIVE ACTIONS TRACKING FORM

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Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1.

Corrective Action # 07 of 22 for this reporting period.

2. Is this corrective action:

- ☒ An update on a corrective action from a previous annual report; or  
☐ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge  
☐ Numeric effluent limitation exceedance  
☐ Control measures inadequate to meet applicable water quality standards  
☐ Control measures inadequate to meet non-numeric effluent limitations  
☐ Control measures not properly operated or maintained  
☐ Change in facility operations necessitated change in control measures  
☒ Average benchmark value exceedance  
☐ Other (describe): \_\_\_\_\_

4. Briefly describe the nature of the problem identified:

Benchmark exceedance at Sampling Location 2 (Outfall 002)

5. Date problem identified:

10 / 12 / 2011

6. How problem was identified:

- ☐ Comprehensive site inspection  
☐ Quarterly visual assessment  
☐ Routine facility inspection

- ☒ Benchmark monitoring
- ☐ Notification by EPA or State or local authorities
- ☐ Other (describe): \_\_\_\_\_

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

An engineering firm has been retained to design a first flush system to collect tipping floor ramp runoff and install a truck wheel wash system at the landfill.

8. Did/will this corrective action require modification of your SWPPP? ☒ YES ☐ NO

9. Date corrective action initiated: 07/10/2010

10. Date correction action completed: / / or expected to be completed: 07/31/2012

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

An engineering firm has been retained to design a first flush system to collect tipping floor ramp runoff and install a truck wheel wash system at the landfill.

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## CORRECTIVE ACTIONS TRACKING FORM

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Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1.

Corrective Action # 08 of 22 for this reporting period.

2. Is this corrective action:

- ☒ An update on a corrective action from a previous annual report; or  
☐ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge  
☐ Numeric effluent limitation exceedance  
☐ Control measures inadequate to meet applicable water quality standards  
☐ Control measures inadequate to meet non-numeric effluent limitations  
☐ Control measures not properly operated or maintained  
☐ Change in facility operations necessitated change in control measures  
☒ Average benchmark value exceedance  
☐ Other (describe): \_\_\_\_\_

4. Briefly describe the nature of the problem identified:

Benchmark exceedance at Sampling Location 1 (Outfall 001)

5. Date problem identified:

12 / 21 / 2011

6. How problem was identified:

- ☐ Comprehensive site inspection  
☐ Quarterly visual assessment  
☐ Routine facility inspection

- ☒ Benchmark monitoring
- ☐ Notification by EPA or State or local authorities
- ☐ Other (describe): \_\_\_\_\_

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The facility has implemented a number of corrective actions in light of these elevated analytical results including, shrink-wrap sealing of metal materials, and operation of the facility's street vacuum/sweeper. Other than continuing with these efforts there are no new corrective actions to implement at this time.

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated:   /   /

10. Date correction action completed:   /   /     or expected to be completed:   /   /

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

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## CORRECTIVE ACTIONS TRACKING FORM

*Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.*

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1.

Corrective Action # 09 of 22 for this reporting period.

2. Is this corrective action:

- ☒ An update on a corrective action from a previous annual report; or  
☐ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge  
☐ Numeric effluent limitation exceedance  
☐ Control measures inadequate to meet applicable water quality standards  
☐ Control measures inadequate to meet non-numeric effluent limitations  
☐ Control measures not properly operated or maintained  
☐ Change in facility operations necessitated change in control measures  
☒ Average benchmark value exceedance  
☐ Other (describe): \_\_\_\_\_

4. Briefly describe the nature of the problem identified:

Benchmark exceedance at Sampling Location 2 (Outfall 002)

5. Date problem identified:

12 / 21 / 2011

6. How problem was identified:

- ☐ Comprehensive site inspection  
☐ Quarterly visual assessment  
☐ Routine facility inspection

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- ☒ Benchmark monitoring
- ☐ Notification by EPA or State or local authorities
- ☐ Other (describe): \_\_\_\_\_

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

An engineering firm has been retained to design a first flush system to collect tipping floor ramp runoff. MADEP permit modification to install a truck wheel wash system at the landfill was filed on 11/8/2011. This is a 30 day review and presumptive approval process.

8. Did/will this corrective action require modification of your SWPPP? ☒ YES ☐ NO

9. Date corrective action initiated: 07/10/2010

10. Date correction action completed: / / or expected to be completed: 07/31/2012

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

Landfill truck wash system in place.

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## CORRECTIVE ACTIONS TRACKING FORM

***Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.***

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1.

Corrective Action # 10 of 22 for this reporting period.

2. Is this corrective action:

- ☒ An update on a corrective action from a previous annual report; or  
☐ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge  
☐ Numeric effluent limitation exceedance  
☐ Control measures inadequate to meet applicable water quality standards  
☐ Control measures inadequate to meet non-numeric effluent limitations  
☐ Control measures not properly operated or maintained  
☐ Change in facility operations necessitated change in control measures  
☒ Average benchmark value exceedance  
☐ Other (describe): \_\_\_\_\_

4. Briefly describe the nature of the problem identified:

Benchmark exceedance at Sampling Location 1 (Outfall 001)

5. Date problem identified: 04 / 04 / 2012

6. How problem was identified:

- ☐ Comprehensive site inspection  
☐ Quarterly visual assessment  
☐ Routine facility inspection

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- ☒ Benchmark monitoring
- ☐ Notification by EPA or State or local authorities
- ☐ Other (describe): \_\_\_\_\_

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The facility has implemented a number of corrective actions in light of these elevated analytical results including, shrink-wrap sealing of metal materials, and operation of the facility's street vacuum/sweeper. Other than continuing with these efforts there are no new corrective actions to implement at this time.

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated: 04 / 04 / 2012

10. Date correction action completed: 04 / 04 / 2012 or expected to be completed: / /

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:



## CORRECTIVE ACTIONS TRACKING FORM

***Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.***

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1.

Corrective Action # 11 of 22 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or  
☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge  
☐ Numeric effluent limitation exceedance  
☐ Control measures inadequate to meet applicable water quality standards  
☐ Control measures inadequate to meet non-numeric effluent limitations  
☐ Control measures not properly operated or maintained  
☐ Change in facility operations necessitated change in control measures  
☐ Average benchmark value exceedance  
☒ Other (describe): Housekeeping issues identified during monthly inspection.

4. Briefly describe the nature of the problem identified:

Housekeeping issues identified outside warehouse and at a contractor work trailer.

5. Date problem identified:

10 / 27 / 2011

6. How problem was identified:

- ☐ Comprehensive site inspection  
☐ Quarterly visual assessment  
☒ Routine facility inspection

- ☐ Benchmark monitoring
- ☐ Notification by EPA or State or local authorities
- ☐ Other (describe): \_\_\_\_\_

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Correct housekeeping issue and remind employees and contractors to maintain their areas.

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated:   /   /

10. Date correction action completed:   /   /     or expected to be completed:   /   /

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

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## CORRECTIVE ACTIONS TRACKING FORM

*Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.*

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1.

Corrective Action # 12 of 22 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or  
☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge  
☐ Numeric effluent limitation exceedance  
☐ Control measures inadequate to meet applicable water quality standards  
☐ Control measures inadequate to meet non-numeric effluent limitations  
☐ Control measures not properly operated or maintained  
☐ Change in facility operations necessitated change in control measures  
☐ Average benchmark value exceedance  
☒ Other (describe): Routine inspection identified housekeeping issues

4. Briefly describe the nature of the problem identified:

Housekeeping near former dump storage tank and contractor trailer needs improvement

5. Date problem identified:

12 / 29 / 2011

6. How problem was identified:

- ☐ Comprehensive site inspection  
☐ Quarterly visual assessment  
☒ Routine facility inspection

- ☐ Benchmark monitoring
- ☐ Notification by EPA or State or local authorities
- ☐ Other (describe): \_\_\_\_\_

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Address housekeeping issues, continue to monitor performance in these areas.

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated:   /   /

10. Date correction action completed:   /   /     or expected to be completed:   /   /

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

## CORRECTIVE ACTIONS TRACKING FORM

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Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1.

Corrective Action # 13 of 22 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or  
☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge  
☐ Numeric effluent limitation exceedance  
☐ Control measures inadequate to meet applicable water quality standards  
☐ Control measures inadequate to meet non-numeric effluent limitations  
☐ Control measures not properly operated or maintained  
☐ Change in facility operations necessitated change in control measures  
☐ Average benchmark value exceedance  
☒ Other (describe): Windblown litter observed during routine inspection

4. Briefly describe the nature of the problem identified:

Windblown litter observed during routine inspection

5. Date problem identified:

01 / 19 / 2012

6. How problem was identified:

- ☐ Comprehensive site inspection  
☐ Quarterly visual assessment  
☒ Routine facility inspection

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- ☐ Benchmark monitoring
- ☐ Notification by EPA or State or local authorities
- ☐ Other (describe): \_\_\_\_\_

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Pickup windblown litter, continue to monitor performance.

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated: 01 / 19 / 2012

10. Date correction action completed: 01 / 20 / 2012 or expected to be completed: / /

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

## CORRECTIVE ACTIONS TRACKING FORM

*Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.*

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1.

Corrective Action # 14 of 22 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or  
☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge  
☐ Numeric effluent limitation exceedance  
☐ Control measures inadequate to meet applicable water quality standards  
☐ Control measures inadequate to meet non-numeric effluent limitations  
☐ Control measures not properly operated or maintained  
☐ Change in facility operations necessitated change in control measures  
☐ Average benchmark value exceedance  
☒ Other (describe): Culvert at Tipping Floor ramp needs to be cleaned of debris

4. Briefly describe the nature of the problem identified:

Culvert at Tipping Floor ramp needs to be cleaned of debris

5. Date problem identified:

02 / 28 / 2012

6. How problem was identified:

- ☐ Comprehensive site inspection  
☐ Quarterly visual assessment  
☒ Routine facility inspection

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- ☐ Benchmark monitoring  
☐ Notification by EPA or State or local authorities  
☐ Other (describe): \_\_\_\_\_

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Remove debris from swale.

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated: 02/29/2012

10. Date correction action completed: 02/29/2012 or expected to be completed: / /

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:



## CORRECTIVE ACTIONS TRACKING FORM

***Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.***

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1.

Corrective Action # 15 of 22 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or  
☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge  
☐ Numeric effluent limitation exceedance  
☐ Control measures inadequate to meet applicable water quality standards  
☐ Control measures inadequate to meet non-numeric effluent limitations  
☐ Control measures not properly operated or maintained  
☐ Change in facility operations necessitated change in control measures  
☐ Average benchmark value exceedance  
☒ Other (describe): Drip observed from transformer drain valve

4. Briefly describe the nature of the problem identified:

Small drip from a non PCB transformer drain valve to concrete observed at switchyard.

5. Date problem identified:

02 / 28 / 2012

6. How problem was identified:

- ☐ Comprehensive site inspection  
☐ Quarterly visual assessment  
☒ Routine facility inspection

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- ☐ Benchmark monitoring  
☐ Notification by EPA or State or local authorities  
☐ Other (describe): \_\_\_\_\_

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Interim corrective action is to use a containment bucket placed under the leaking valve to prevent any discharge to stormwater. E&I department performs periodic check and empties this bucket as needed to ensure there are no releases in this area. Permanent fix for this is expected to be completed during a cold iron outage scheduled for may 2013.

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated: 02 / 28 / 2012

10. Date correction action completed:    /    /    or expected to be completed: 05 / 06 / 2013

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

Containment bucket remains in place and is monitored. Repair to drain valve scheduled for May 2013 outage.

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## CORRECTIVE ACTIONS TRACKING FORM

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Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1.

Corrective Action # 16 of 22 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or  
☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge  
☐ Numeric effluent limitation exceedance  
☐ Control measures inadequate to meet applicable water quality standards  
☐ Control measures inadequate to meet non-numeric effluent limitations  
☐ Control measures not properly operated or maintained  
☐ Change in facility operations necessitated change in control measures  
☐ Average benchmark value exceedance  
☒ Other (describe): Outfall 002 discharge pipe shows oxidation

4. Briefly describe the nature of the problem identified:

Outfall 002 discharge pipe shows oxidation

5. Date problem identified: 03 / 26 / 2012

6. How problem was identified:

- ☐ Comprehensive site inspection  
☐ Quarterly visual assessment  
☒ Routine facility inspection

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- ☐ Benchmark monitoring  
☐ Notification by EPA or State or local authorities  
☐ Other (describe): \_\_\_\_\_

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Issue to be addressed as part of Tipping Floor ramp run off collection project

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated: 07 / 10 / 2012

10. Date correction action completed: / / or expected to be completed: 12 / 31 / 2012

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

At the time of the inspection this project was in the permitting and planning phase.

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## CORRECTIVE ACTIONS TRACKING FORM

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Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1.

Corrective Action # 17 of 22 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or  
☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge  
☐ Numeric effluent limitation exceedance  
☐ Control measures inadequate to meet applicable water quality standards  
☐ Control measures inadequate to meet non-numeric effluent limitations  
☐ Control measures not properly operated or maintained  
☐ Change in facility operations necessitated change in control measures  
☐ Average benchmark value exceedance  
☒ Other (describe): Windblown litter observed at Outfall 001

4. Briefly describe the nature of the problem identified:

Litter observed at Outfall 001 and need to evaluate need for cleaning at Outfall 001 and 002.  
Housekeeping at fuel station.

5. Date problem identified: 05 / 22 / 2012

6. How problem was identified:

- ☐ Comprehensive site inspection  
☐ Quarterly visual assessment  
☒ Routine facility inspection

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- ☐ Benchmark monitoring
- ☐ Notification by EPA or State or local authorities
- ☐ Other (describe): \_\_\_\_\_

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Remove litter and debris at outfall pipes. Increase sweeping frequency at Tipping Floor ramp with street sweeper. Clean area around fuel station.

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated: 05/22/2012

10. Date correction action completed: 05/25/2012 or expected to be completed: / /

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

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## CORRECTIVE ACTIONS TRACKING FORM

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Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1.

Corrective Action # 18 of 22 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or  
☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge  
☐ Numeric effluent limitation exceedance  
☐ Control measures inadequate to meet applicable water quality standards  
☐ Control measures inadequate to meet non-numeric effluent limitations  
☐ Control measures not properly operated or maintained  
☐ Change in facility operations necessitated change in control measures  
☐ Average benchmark value exceedance  
☒ Other (describe): Debris observed along Tipping Floor ramp.

4. Briefly describe the nature of the problem identified:

Debris observed along Tipping Floor ramp during routine inspection.

5. Date problem identified: 04 / 27 / 2012

6. How problem was identified:

- ☐ Comprehensive site inspection  
☐ Quarterly visual assessment  
☒ Routine facility inspection

- ☐ Benchmark monitoring
- ☐ Notification by EPA or State or local authorities
- ☐ Other (describe): \_\_\_\_\_

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Remove debris, continue to monitor the area.

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated: 05 / 21 / 2012

10. Date correction action completed: 05 / 21 / 2012 or expected to be completed: / /

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:



## CORRECTIVE ACTIONS TRACKING FORM

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1.

Corrective Action # 19 of 22 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or  
☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge  
☐ Numeric effluent limitation exceedance  
☐ Control measures inadequate to meet applicable water quality standards  
☐ Control measures inadequate to meet non-numeric effluent limitations  
☐ Control measures not properly operated or maintained  
☐ Change in facility operations necessitated change in control measures  
☐ Average benchmark value exceedance  
☒ Other (describe): Issue with 500 gallon fuel tank gauge and whistle

4. Briefly describe the nature of the problem identified:

Need to relocate whistle so it can be heard better.

5. Date problem identified:

04 / 27 / 2012

6. How problem was identified:

- ☐ Comprehensive site inspection  
☐ Quarterly visual assessment  
☒ Routine facility inspection

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- ☐ Benchmark monitoring
- ☐ Notification by EPA or State or local authorities
- ☐ Other (describe): \_\_\_\_\_

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Relocate whistle, verify level gauge operation.

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated: 04 / 27 / 2012

10. Date correction action completed: 05 / 07 / 2012 or expected to be completed: / /

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

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## CORRECTIVE ACTIONS TRACKING FORM

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Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1.

Corrective Action # 20 of 22 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or  
☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge  
☐ Numeric effluent limitation exceedance  
☐ Control measures inadequate to meet applicable water quality standards  
☐ Control measures inadequate to meet non-numeric effluent limitations  
☐ Control measures not properly operated or maintained  
☐ Change in facility operations necessitated change in control measures  
☐ Average benchmark value exceedance  
☒ Other (describe): Cover steel and machine parts stored near warehouse

4. Briefly describe the nature of the problem identified:

Need to cover steel and machine parts stored near warehouse to shield from rain

5. Date problem identified: 04 / 27 / 2012

6. How problem was identified:

- ☐ Comprehensive site inspection  
☐ Quarterly visual assessment  
☒ Routine facility inspection

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- ☐ Benchmark monitoring
- ☐ Notification by EPA or State or local authorities
- ☐ Other (describe): \_\_\_\_\_

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Improve placement of covers over parts.

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated: 04 / 27 / 2012

10. Date correction action completed: / / or expected to be completed: 03 / 31 / 2013

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

Parts have been shrunk wrapped and are inspected weekly. Many items have been relocated to within the enclosure walls or inside the warehouse.

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## CORRECTIVE ACTIONS TRACKING FORM

***Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.***

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1.

Corrective Action # 21 of 22 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or  
☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge  
☐ Numeric effluent limitation exceedance  
☐ Control measures inadequate to meet applicable water quality standards  
☐ Control measures inadequate to meet non-numeric effluent limitations  
☐ Control measures not properly operated or maintained  
☐ Change in facility operations necessitated change in control measures  
☐ Average benchmark value exceedance  
☒ Other (describe): Update label on tank

4. Briefly describe the nature of the problem identified:

Need to update the label on the rainwater/contact water tank

5. Date problem identified: 03 / 01 / 2012

6. How problem was identified:

- ☐ Comprehensive site inspection  
☐ Quarterly visual assessment  
☐ Routine facility inspection

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- ☐ Benchmark monitoring  
☐ Notification by EPA or State or local authorities  
☒ Other (describe): Plant walkdown

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Tank label has been updated.

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated: 03 / 01 / 2012

10. Date correction action completed: 03 / 31 / 2012 or expected to be completed: / /

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

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## CORRECTIVE ACTIONS TRACKING FORM

***Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.***

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1.

Corrective Action # 22 of 22 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or  
☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge  
☐ Numeric effluent limitation exceedance  
☐ Control measures inadequate to meet applicable water quality standards  
☐ Control measures inadequate to meet non-numeric effluent limitations  
☐ Control measures not properly operated or maintained  
☐ Change in facility operations necessitated change in control measures  
☐ Average benchmark value exceedance  
☒ Other (describe): Observed accumulated solids south of the scale

4. Briefly describe the nature of the problem identified:

Observed accumulated solids south of the scale

5. Date problem identified: 06 / 20 / 2012

6. How problem was identified:

- ☐ Comprehensive site inspection  
☐ Quarterly visual assessment  
☒ Routine facility inspection

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- ☐ Benchmark monitoring
- ☐ Notification by EPA or State or local authorities
- ☐ Other (describe): \_\_\_\_\_

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Have labor crew attack the area and clean.

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated: 06 / 20 / 2012

10. Date correction action completed: 06 / 23 / 2012 or expected to be completed: / /

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:



MAR05CX26

**E. ANNUAL REPORT CERTIFICATION****1. Compliance Certification**

Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? ☒ YES ☐ NO

If NO, summarize why you are not in compliance with the permit:

**2. Annual Report Certification**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorized Representative  
Printed Name:

Eric Lucier

Title: Plant Manager

Signature:



Date Signed:

11.9.12



**Wheelabrator Saugus Inc.**

A Waste Management Company

100 Salem Turnpike  
Saugus, MA 01906  
(781) 233-7600 Tel  
(781) 231-2793 Fax

Via US Mail

November 9, 2012

U.S. Environmental Protection Agency  
Office of Water, Water Permits Division  
Mail Code 4203M  
Attn: MSGP Reports  
1200 Pennsylvania Avenue, NW  
Washington, D.C. 20460

Re: 2012 Annual Comprehensive Site Inspection Report  
NDPES Permit Tracking No.: MAR05CX26  
Wheelabrator Saugus Inc.  
100 Salem Turnpike  
Saugus, MA 01906

Dear Sir/Madam:

Wheelabrator Saugus Inc (Wheelabrator) respectfully submits the attached Annual Reporting Form, which documents the 2012 Comprehensive Site Inspection for the facility located at 100 Salem Turnpike, Saugus, MA 01906. This inspection was performed pursuant to Section 4.3.2 and Section O of the MSGP.

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations*

Should you have any questions regarding this submittal please contact me or Matt Hughes, the facility Environmental Manager, at the letterhead address or by calling (781) 233-2600.

Sincerely,

Eric Lucier  
Plant Manager

Cc (w/attachment) : Frank Giacalone (Saugus B.O.H.)  
Dana Buske (Via email)  
File STWAT 1711.2012.11.09

